

EXHIBIT C

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Athira Pharma Securities Litigation, Case No. 2:21-Cv-00861-TSZ (W.D. Wash.)

Notice of Pendency of Class Action: Your rights may be affected by the above-referenced securities class action (the "Action") pending in the United States District Court for the Western District of Washington (the "Court"), if you purchased or otherwise acquired Athira Pharma, Inc. ("Athira") publicly traded common stock during the period from September 17, 2020, through June 17, 2021, inclusive (the "Class Period"), and were damaged thereby. **Important case and Settlement related documents, including the Amended Stipulation and Agreement of Settlement dated December 15, 2023 (the "Amended Stipulation"), the operative Complaint and certain Court orders, are available for review and downloading by clicking the tabs above.** ¹

Notice of Settlement: Plaintiffs, on behalf of themselves and the Class (defined in ¶ 17 of the Notice), have reached a proposed Settlement for \$10,000,000 in cash (the "Settlement Amount") that, if approved by the Court, will resolve all claims in the Action and related claims (the "Settlement"). **PLEASE READ THE NOTICE CAREFULLY. It explains important rights you may have, including the possible receipt of cash. If you are a member of the Class, your legal rights will be affected whether or not you act.**

¹ All capitalized terms that are not defined on this website have the meanings given to them in the Amended Stipulation.

YOUR LEGAL RIGHTS AND OPTIONS IN THE SETTLEMENT

SUBMIT A CLAIM FORM NO LATER THAN SEPTEMBER 6, 2024, ONLINE VIA THIS WEBSITE OR BY MAIL	Submitting a Claim Form is the only way to be eligible for a payment from the Settlement Fund. If you are a Class Member and you do not exclude yourself from the Class, you will be bound by the Settlement and you will give up any Released Plaintiffs' Claims (defined in ¶ 23 of the Notice) that you have against Defendants and the other Released Defendants' Parties (defined in ¶ 24 of the Notice), so it is in your interest to submit a Claim Form. See ¶ 29 of the Notice for instructions on how to file a Claim Form by mail, or click here to file a claim online .
EXCLUDE YOURSELF FROM THE CLASS BY SUBMITTING A WRITTEN REQUEST NO LATER THAN SEPTEMBER 6, 2024	If you exclude yourself from the Class, you will not receive any payment from the Settlement Fund. Excluding yourself from the Class is the only option that allows you to ever be part of any other lawsuit against Defendants or the other Released Defendants' Parties concerning the Released Plaintiffs' Claims. See ¶¶ 66-71 of the Notice for instructions. An Exclusion Form is available here .
OBJECT TO THE SETTLEMENT AND/OR RELATED MATTERS BY SEPTEMBER 6, 2024 IF YOU ARE NOT REPRESENTED BY COUNSEL. BY OCTOBER 11, 2024 IF YOU ARE REPRESENTED BY COUNSEL. OR AT THE FINAL APPROVAL HEARING	If you do not like the proposed Settlement, the proposed Plan of Allocation (including the cy pres recipient), or the request for attorneys' fees and Litigation Expenses, you may object by either (a) submitting a written objection electronically or postmarked (or bearing other proof of mailing); or (b) appearing at the Final Approval Hearing and telling the Court your views. See ¶¶ 74-80 of the Notice for instructions and further details as there are different deadlines depending on whether you are represented by counsel. You cannot object unless you are a Class Member and do not exclude yourself from the Class.
ATTEND A HEARING IN PERSON OR VIRTUALLY ON OCTOBER 25, 2024 AT 10:00 A.M. (PACIFIC)	The Court will hold a Final Approval Hearing on October 25, 2024 at 10:00 a.m. (Pacific) before the Honorable Thomas S. Zilly, U.S. Courthouse, Courtroom 15206, 700 Stewart Street, Seattle, WA 98101. Procedures for joining via ZoomGov.com will be posted on this website when available. See ¶ 72 of the Notice for instructions on attending the Final Approval Hearing. If you are a Class Member and have not excluded yourself from the Class, you may state any objections during the Final Approval Hearing. You do NOT have to attend the Final Approval Hearing to be eligible for a payment from the Settlement.
DO NOTHING	If you are a member of the Class and you do nothing, you will not receive a payment. You will, however, remain in the Class and give up your right to sue about the claims that are resolved by the Settlement and you will be bound by any judgments or orders in the Action.

Identification of Co-Lead Counsel Representatives: (i) Casey E. Sadler, Esq. of Glancy Prongay & Murray, LLP, 1925 Century Park East, Suite 2100, Los Angeles, CA 90067, (888) 773-9224, settlements@glancylaw.com; and (ii) Michael P. Canty, Esq., of Labaton Keller Sucharow LLP, 140 Broadway, New York, New York 10005, (888) 219-6877, settlementquestions@labaton.com.

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Important Settlement Documents

Please click the links to view and/or download the documents.

- [NOTICE OF \(I\) PENDENCY OF CLASS ACTION AND PROPOSED SETTLEMENT; \(II\) FINAL APPROVAL HEARING; AND \(III\) MOTION FOR AN AWARD OF ATTORNEYS' FEES AND PAYMENT OF LITIGATION EXPENSES](#)
- [PROOF OF CLAIM FORM](#)
- [REQUEST TO BE EXCLUDED FROM THE CLASS](#)
- [AMENDED STIPULATION](#)

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Important Court Documents

Please click the links to view and/or download the documents.

- [0074- 2022-01-07 Complaint](#)
- [0089- 2022-07-29 Order on Motion to Dismiss](#)
- [0095- 2022-10-04 Minute Order denying Defendants' Motion for Partial Reconsideration](#)
- [0117- 2023-02-17 Order re- Underwriter Defendants' motion is deferred and renoted](#)
- [0118- 2023-04-28 Declaration in Support with Exhibits](#)
- [0118- 2023-04-28 Preliminary Approval Motion](#)
- [0119- 2023-05-31 Minute Order re First Preliminary Approval Motion](#)
- [0122- 2023-06-30 Joint Status Report and exhibits](#)
- [0123- 2023-09-27 Order Denying First Preliminary Approval Motion](#)
- [0125- 2023-12-15 Supplemental Decl. with exhibits](#)
- [0125- 2023-12-15 Plaintiffs Renewed Motion for Preliminary Approval](#)
- [0128- 2024-02-15 Order Partially Granting Renewed Motion for Preliminary Approval](#)
- [0129- 2024-03-15 Joint Status Report and exhibits](#)
- [0130- 2024-03-29 Minute Order Approving Forms of Notice](#)
- [0131- 2024-04-30 Motion for Attorney Fees and Expenses](#)
- [0132- 2024-04-30 Joint Declaration in Support of Motion for Attorneys' Fees](#)

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File a Claim Online

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Step 1 of 6 – Help

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This form allows you to file your claim online securely through our website. If you wish to file a paper claim, please click the following link: [Proof of Claim and Release Form](#). To review any of the documents related to this case, please click the Important Documents tab above.

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the Settlement.

Before you begin

Please have the following items ready to go before you begin filing your online claim form; it will make the process easier for you.

- You should have copies of your statements for the relevant date ranges so that you can enter your transactions.
- You should have copies of these statements scanned and saved on your computer so that you can upload them as proof. We prefer files in PDF format, but we can accept most file formats.

Step 1 – General Instructions

Please read this important information about the case. It provides important details you should understand before you file your claim.

Step 2 – Claimant Identification

Please enter your current contact information to assist us in identifying your claim and contacting you for additional information and updates. We recommend you turn off auto-fill settings in your browser to ensure incorrect information is not added by mistake. You will receive a confirmation email that we received your claim at the email address you provide. Double check the information before you click next as you will not have the opportunity to review it again prior to submitting.

Step 3 – Schedule of Transactions

Please read the instructions carefully and enter your relevant transactions. You need to ensure that your number of shares in beginning holdings plus purchases/acquisitions minus sales and minus ending holdings equals zero. This is to ensure that all relevant transactions are accounted for. The form will not allow you to continue until all outstanding shares are accounted for.

Step 4 – Documentation

Please drag and drop your files or click select files and choose the files that you will provide as proof of your transactions. Broker statements are usually the best documents to use as proof. Please note that when the file upload completes, the file name will be listed below the upload box. You can click the red x to remove the file if it was added in error.

Step 5 – Certification

Please read the Release. By typing your name and date in these fields, you are signing the document and certifying that everything is true, correct and complete. After you click the submit button, you will receive a confirmation that your claim was submitted. You will also receive a confirmation number; please record this number for future reference.

After submitting your claim

Within a few minutes of submitting your claim; you will receive a confirmation email from us that contains your Form ID along with the information you submitted. If you need to make any amendments to your claim, please reference the Form ID you received.

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Step 2 of 6 – Instructions

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GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled Nacif et al., v. Athira Pharma, Inc. et al., Case No. : 2:21-cv-00861-TSZ (the "Action"), you must complete and, on the Certification page, sign this Proof of Claim Form ("Claim Form"). If you fail to submit a timely Claim Form, your Claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement. The Amended Stipulation and Agreement of Settlement, dated December 15, 2023 (the "Amended Stipulation"), and other documents about the Settlement are available at www.AthiraSecuritiesSettlement.com.¹

2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. YOU MUST MAIL BY FIRST-CLASS MAIL POSTMARKED (OR BEARING OTHER PROOF OF MAILING) NO LATER THAN SEPTEMBER 6, 2024, OR SUBMIT ONLINE NO LATER THAN SEPTEMBER 6, 2024, YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED BELOW AS FOLLOWS:

Mailed Submissions:

Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Online Submissions:

www.AthiraSecuritiesSettlement.com

If you are NOT a member of the Class, as defined in the accompanying Notice and below, DO NOT submit a Claim Form.

4. NOTICE TO INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Class Members and/or (b) institutional accounts with large numbers of transactions ("Representative Filers") must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Settlement Administrator at efile@strategicclaims.net or visit their website at www.strategicclaims.net/institutional-filers/ to obtain the required file layout. Claims that are not submitted in electronic spreadsheet format and in accordance with the Settlement Administrator's instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file, along with the electronic spreadsheet format. Claim Forms should be combined on a legal entity basis, where applicable. Sub-accounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. No Claim Forms submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Settlement Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

5. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their Claims online using the electronic version of the Claim Form hosted at www.AthiraSecuritiesSettlement.com. If you are not acting as a Representative Filer, you do not need to contact the Settlement Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your Claim Form as a Representative Filer, please contact the Settlement Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your Claim Form contains a large number of transactions, the Settlement Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

¹ All capitalized terms used in this Claim Form that are not defined herein have the meanings given to them in the Amended Stipulation.

CLAIMANT IDENTIFICATION

6. You are a member of the Class if you: (a) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from September 17, 2020, through March 16, 2021, inclusive, and were damaged thereby (the "Securities Act Subclass") and/or (b) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from March 17, 2021 through June 17, 2021, inclusive, and were damaged thereby (the "Exchange Act Subclass"). If you purchased or acquired Athira publicly traded common stock and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or acquired Athira publicly traded common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm ("nominee"), you are the beneficial purchaser or acquirer and the third party is the record purchaser or acquirer.

7. Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser/acquirer and purchaser/acquirer of record, if different from the beneficial purchaser/acquirer of the Athira shares that form the basis of this Claim. THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE ATHIRA PUBLICLY TRADED COMMON STOCK UPON WHICH THIS CLAIM FORM IS BASED.

8. All joint purchasers or acquirers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees or others acting in a representative capacity on behalf of a Class Member must complete and sign this Claim Form on behalf of persons they represent, and submit evidence of their current authority to act on their behalf, including titles or capacities. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim Form. Failure to provide the foregoing information could delay verification of your Claim Form or result in rejection of the Claim Form.

IDENTIFICATION OF TRANSACTIONS

9. Use Part II of this form entitled "Schedule of Transactions in Athira Publicly Traded Common Stock" to supply all required details of your transaction(s) in Athira publicly traded common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet. THE PARTIES DO NOT OTHERWISE HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN ATHIRA COMMON STOCK.

10. On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions and all of your sales of Athira publicly traded common stock which took place during the time periods requested below, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the shares of Athira publicly traded common stock you held at the close of trading on June 25, 2021 and September 15, 2021. Failure to report all such transactions may result in the rejection of your Claim Form.

11. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

12. The date of covering a "short sale" is deemed to be the date of purchase of Athira publicly traded common stock. The date of a "short sale" is deemed to be the date of sale of Athira publicly traded common stock.

13. For each transaction, copies of broker confirmations or other documentation of your transactions should be attached to your Claim Form. Failure to provide this documentation could delay verification of your Claim Form or result in rejection of your Claim Form.

14. Dispute Resolution: The Settlement Administrator will notify Claimants in writing about whether their Claim Forms are rejected in order to give Claimants the chance to remedy any curable deficiencies. If any Claimant whose Claim has been rejected, in whole or in part, desires to contest the rejection, the Claimant must, within 20 days after the date of the notice from the Settlement Administrator, submit a statement explaining the Claimant's grounds for contesting the rejection, and requesting a review by Co-Lead Counsel. Co-Lead Counsel will make a final determination of the Claim dispute, in consultation with the Settlement Administrator.

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Step 3 of 6 – Claimant Information

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Claimant Identification

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing.

Beneficial Owner's Name *

(as you would like it to appear on your check if eligible for payment)

Co-Beneficial Owner's Name

Entity Name

(If Claimant is not an individual)

Record Owner Name

(If different from Beneficial Owner(s) listed above)

Representative Name

(If different from Beneficial Owner(s) listed above)

Address *

Address1 (street name and number)

Address2 (apartment, unit or box number)

City

State / Province / Region

ZIP / Postal Code

Country

Account Number

Claimant Account Type

- ☐ Individual (includes joint owner accounts)
- ☐ Pension Plan
- ☐ Trust
- ☐ Corporation
- ☐ Estate
- ☐ IRA/401K
- ☐ Other

Last 4 Digits of Claimant Social Security Number (for individuals)/Taxpayer Identification Number (for estates, trusts, corporations, etc.)

Telephone number (day) *

Telephone number (evening)

Email Address *

(You authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Enter Email

Confirm Email

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Step 4 of 6 – Schedule of Transactions

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SCHEDULE OF TRANSACTIONS IN ATHIRA PUBLICLY TRADED COMMON STOCK

Purchases/Acquisitions

Purchases or acquisitions of Athira publicly traded common stock from September 17, 2020, through June 17, 2021, inclusive (must be documented)

Purchase Date MM/DD/YY (List Chronologically)	Number of Shares Purchased	Total Purchase Price (excluding taxes, commissions, and fees, if any)	In an Offering Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 

IMPORTANT: If any purchase listed covered a “short sale,” please mark Yes.

☐ Yes

Purchases during the 90-Day Lookback Period *

State the total number of shares of Athira publicly traded common stock purchased from June 18, 2021, through September 15, 2021 (must be documented)

Information requested in this Claim Form with respect to your transactions from June 18, 2021, through September 15, 2021 is needed only in order for the Settlement Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period.

Sales

Sales of Athira publicly traded common stock from September 17, 2020 through September 15, 2021, inclusive (must be documented)

Sale Date MM/DD/YY (List Chronologically)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees, if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0 

Number of shares of Athira publicly traded common stock held at the close of trading on June 25, 2021 (must be documented) *

Number of shares of Athira publicly traded common stock held at the close of trading on September 15, 2021 (must be documented) *

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Step 5 of 6 – Documentation

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Documentation

Drop files here or

Select files

Max. file size: 80 MB.

Please attach your proof in PDF format. If you have a large number of files, please consider uploading a ZIP file. The total maximum file size limit is 32MB.

Confirmation *

☐ I have reviewed all of my answers to the fields on this form and confirm that everything is accurate to the best of my abilities.

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Step 6 of 6 – Certification



CERTIFICATION

I (We) hereby state and represent that I am (we are) a member of the Class as defined in the Notice, and that I am (we are) not excluded from the Class as set forth in the Notice.

I (We) hereby state and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Plaintiffs' Claim (as defined in the accompanying Notice).

I (We) hereby state and represent that I (we) have included information about all of my (our) purchases and sales of Athira publicly traded common stock that occurred during the time periods requested and the number of shares held by me (us), to the extent requested.

I (We) certify that I am (we are) NOT subject to backup tax withholding.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Signature of Claimant *

Please type the name of the Claimant. If this claim is being made on behalf of Joint Claimants, then each must sign.

Signature of Joint Claimant

Please type the name of the Joint Claimant.

Capacity of person(s) signing

(e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

Date *

mm/dd/yyyy

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File a Claim Online

Thank you for submitting your claim in the Athira Pharma Securities Litigation. You will receive a copy via email that will serve as confirmation that your form has been received.

- Your unique form id is **4b7e7**. If you need to amend anything on your form, please reference this ID when you contact us to assist us in confirming your identity. *Please do not file another claim.*
- If you move or change your address, telephone number or email address, please send the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. *Please do not file another claim.* NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or to deliver payment to you.

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Nominees

If you are a broker or other nominee who purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive (the "Class Period") for the beneficial interest of persons or entities other than yourself, **THEN WITHIN SEVEN (7) CALENDAR DAYS OF YOUR RECEIPT OF THE NOTICE**, you must either:

1. If you have no beneficial purchasers/owners, please advise the Claims Administrator in writing; or
2. Provide the Claims Administrator with names and last known addresses of your beneficial purchasers/owners and the Claims Administrator will do the mailing of the Notice of (I) Pendency of Class Action and Proposed Settlement, (II) Final Approval Hearing, and (III) Motion for an Award of Attorneys' Fees and Payment of Litigation Expenses ("Notice"), Proof of Claim Form ("Claim Form"), and Request to Be Excluded from the Class ("Exclusion Form", and with the Notice and Claim Form, "Notice Packet"). Please provide this information electronically. If you are not able to do this, labels will be accepted, but it is important that a hardcopy list of your clients also be submitted; or
3. Advise the Claims Administrator of how many beneficial purchasers/owners you have, and the Claims Administrator will supply you with ample Notice Packets; you must mail the Notice Packets within seven (7) calendar days of receipt. **YOU ARE NOT AUTHORIZED TO EMAIL IN LIEU OF MAILING.**

If you are providing a list of names and last known addresses to the Claims Administrator:

1. Compile a list of names and last known addresses of the beneficial purchasers/owners that purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive.
2. Prepare the list in Microsoft Excel format.
3. Then you must do one of the following:
 1. Email the spreadsheet to info@strategicclaims.net; or
 2. Burn the Microsoft Excel file(s) to a CD or DVD and mail the CD or DVD to:
Athira Pharma Securities Litigation
c/o Strategic Claims Services
600 N. Jackson Street, Suite 205
Media, PA 19063

If you are mailing the Notice Packet to beneficial purchasers/owners:

If you elect to mail the Notice Packet to beneficial purchasers/owners yourself, additional copies of the Notice Packet may be requested via email to info@strategicclaims.net. **You must also send a statement to the Claims Administrator at the address above confirming that the mailing was made, and you must retain your mailing records for use in connection with any further notices that may be provided in the Action.** Failure to timely forward the Notice Packet to beneficial purchasers/owners may affect their legal rights.

If you have any questions, contact the Claims Administrator at info@strategicclaims.net or by calling 1-866-274-4004.

Expense Reimbursement:

You are entitled to reimbursement for your reasonable expenses actually incurred in complying with the foregoing and **not to exceed** \$0.05 per name and address if you are providing the Claims Administrator the records; or \$0.05 per Notice Packet mailed by you, plus postage at the current pre-sort rate used by the Claims Administrator, if requesting Notice Packets to perform the mailing yourself.

If you are filing electronic claims:

A nominee may also submit a Claim Form on behalf of multiple clients who are beneficial purchasers/owners. The electronic spreadsheet to be filed along with a completed Claim Form, Proof of Authority to file, a cover letter listing the number of accounts and number of transactions on your spreadsheet, and the list of beneficial owners of all accounts (include social security number/taxpayer identification number) can be found [here](#). Please contact the Claims Administrator if you have any questions regarding the electronic filing process at 1-866-274-4004 or at etile@strategicclaims.net.

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Contact Us

If you have any questions about the settlement or the notice you received about the *Athira Pharma Securities Litigation* you may contact the Claims Administrator's office via:

Contact Form

First and Last Name *

Email *

Enter Email

Confirm Email

Phone *

Mail ID

can be found on the notice you received

Reason for Contact *

Please choose a reason

▼

Submit

Phone
866-274-4004

Email
info@strategicclaims.net

Mail
Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Fax
610-565-7985

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EXCLUDE YOURSELF FROM THE CLASS BY SUBMITTING A WRITTEN REQUEST NO LATER THAN SEPTEMBER 6, 2024	If you exclude yourself from the Class, you will not receive any payment from the Settlement Fund. Excluding yourself from the Class is the only option that allows you to ever be part of any other lawsuit against Defendants or the other Released Defendants' Parties concerning the Released Plaintiffs' Claims. See ¶¶ 66-71 of the Notice for instructions. An Exclusion Form is available here .
OBJECT TO THE SETTLEMENT AND/OR RELATED MATTERS BY SEPTEMBER 6, 2024 IF YOU ARE NOT REPRESENTED BY COUNSEL. BY OCTOBER 11, 2024 IF YOU ARE REPRESENTED BY COUNSEL. OR AT THE FINAL APPROVAL HEARING	If you do not like the proposed Settlement, the proposed Plan of Allocation (including the cy pres recipient), or the request for attorneys' fees and Litigation Expenses, you may object by either (a) submitting a written objection electronically or postmarked (or bearing other proof of mailing); or (b) appearing at the Final Approval Hearing and telling the Court your views. See ¶¶ 74-80 of the Notice for instructions and further details as there are different deadlines depending on whether you are represented by counsel. You cannot object unless you are a Class Member and do not exclude yourself from the Class.
ATTEND A HEARING IN PERSON OR VIRTUALLY ON OCTOBER 25, 2024 AT 10:00 A.M. (PACIFIC)	The Court will hold a Final Approval Hearing on October 25, 2024 at 10:00 a.m. (Pacific) before the Honorable Thomas S. Zilly, U.S. Courthouse, Courtroom 15206, 700 Stewart Street, Seattle, WA 98101. Procedures for joining via ZoomGov.com will be posted on this website when available. See ¶ 72 of the Notice for instructions on attending the Final Approval Hearing. If you are a Class Member and have not excluded yourself from the Class, you may state any objections during the Final Approval Hearing. You do NOT have to attend the Final Approval Hearing to be eligible for a payment from the Settlement.
DO NOTHING	If you are a member of the Class and you do nothing, you will not receive a payment. You will, however, remain in the Class and give up your right to sue about the claims that are resolved by the Settlement and you will be bound by any judgments or orders in the Action.

Identification of Co-Lead Counsel Representatives: (i) Casey E. Sadler, Esq. of Glancy Prongay & Murray, LLP, 1925 Century Park East, Suite 2100, Los Angeles, CA 90067, (888) 773-9224, settlements@glancylaw.com; and (ii) Michael P. Canty, Esq., of Labaton Keller Sucharow LLP, 140 Broadway, New York, New York 10005, (888) 219-6877, settlementquestions@labaton.com.

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Important Settlement Documents

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- [0074- 2022-01-07 Complaint](#)
- [0089- 2022-07-29 Order on Motion to Dismiss](#)
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- [0117- 2023-02-17 Order re- Underwriter Defendants' motion is deferred and renoted](#)
- [0118- 2023-04-28 Declaration in Support with Exhibits](#)
- [0118- 2023-04-28 Preliminary Approval Motion](#)
- [0119- 2023-05-31 Minute Order re First Preliminary Approval Motion](#)
- [0122- 2023-06-30 Joint Status Report and exhibits](#)
- [0123- 2023-09-27 Order Denying First Preliminary Approval Motion](#)
- [0125- 2023-12-15 Plaintiffs Renewed Motion for Preliminary Approval](#)
- [0125- 2023-12-15 Supplemental Decl. with exhibits](#)
- [0128- 2024-02-15 Order Partially Granting Renewed Motion for Preliminary Approval](#)
- [0129- 2024-03-15 Joint Status Report and exhibits](#)
- [0130- 2024-03-29 Minute Order Approving Forms of Notice](#)
- [0131- 2024-04-30 Motion for Attorney Fees and Expenses](#)
- [0132- 2024-04-30 Joint Declaration in Support of Motion for Attorneys' Fees](#)

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File a Claim Online

Athira Pharma Securities Litigation

Step 1 of 6 – Help

16%

This form allows you to file your claim online securely through our website. If you wish to file a paper claim, please click the following link: [Proof of Claim and Release Form](#). To review any of the documents related to this case, please click the [Important Documents](#) tab above.

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the Settlement.

Before you begin

Please have the following items ready to go before you begin filing your online claim form; it will make the process easier for you.

- You should have copies of your statements for the relevant date ranges so that you can enter your transactions.
- You should have copies of these statements scanned and saved on your computer so that you can upload them as proof. We prefer files in PDF format, but we can accept most file formats.

Step 1 – General Instructions

Please read this important information about the case. It provides important details you should understand before you file your claim.

Step 2 – Claimant Identification

Please enter your current contact information to assist us in identifying your claim and contacting you for additional information and updates. We recommend you turn off auto-fill settings in your browser to ensure incorrect information is not added by mistake. You will receive a confirmation email that we received your claim at the email address you provide. Double check the information before you click next as you will not have the opportunity to review it again prior to submitting.

Step 3 – Schedule of Transactions

Please read the instructions carefully and enter your relevant transactions. You need to ensure that your number of shares in beginning holdings plus purchases/acquisitions minus sales and minus ending holdings equals zero. This is to ensure that all relevant transactions are accounted for. The form will not allow you to continue until all outstanding shares are accounted for.

Step 4 – Documentation

Please drag and drop your files or click select files and choose the files that you will provide as proof of your transactions. Broker statements are usually the best documents to use as proof. Please note that when the file upload completes, the file name will be listed below the upload box. You can click the red x to remove the file if it was added in error.

Step 5 – Certification

Please read the Release. By typing your name and date in these fields, you are signing the document and certifying that everything is true, correct and complete. After you click the submit button, you will receive a confirmation that your claim was submitted. You will also receive a confirmation number; please record this number for future reference.

After submitting your claim

Within a few minutes of submitting your claim, you will receive a confirmation email from us that contains your Form ID along with the information you submitted. If you need to make any amendments to your claim, please reference the Form ID you received.

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Step 2 of 5 – Instructions 33%

GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled Nacif et al., v. Athira Pharma, Inc. et al., Case No.: 2:21-cv-00861-TSZ (the “Action”), you must complete and, on the Certification page, sign this Proof of Claim Form (“Claim Form”). If you fail to submit a timely Claim Form, your Claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement. The Amended Stipulation and Agreement of Settlement, dated December 15, 2023 (the “Amended Stipulation”), and other documents about the Settlement are available at www.AthiraSecuritiesSettlement.com.¹

2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. YOU MUST MAIL, BY FIRST-CLASS MAIL POSTMARKED (OR BEARING OTHER PROOF OF MAILING) NO LATER THAN SEPTEMBER 6, 2024, OR SUBMIT ONLINE NO LATER THAN SEPTEMBER 6, 2024, YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED BELOW AS FOLLOWS:

Mailed Submissions:
Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Online Submissions:
www.AthiraSecuritiesSettlement.com

If you are NOT a member of the Class, as defined in the accompanying Notice and below, DO NOT submit a Claim Form.

4. NOTICE TO INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Class Members and/or (b) institutional accounts with large numbers of transactions (“Representative Filers”) must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Settlement Administrator at efile@strategicclaims.net or visit their website at www.strategicclaims.net/institutional-filers/ to obtain the required file layout. Claims that are not submitted in electronic spreadsheet format and in accordance with the Settlement Administrator’s instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file, along with the electronic spreadsheet format. Claim Forms should be combined on a legal entity basis, where applicable. Sub-accounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. No Claim Forms submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Settlement Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

5. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their Claims online using the electronic version of the Claim Form hosted at www.AthiraSecuritiesSettlement.com. If you are not acting as a Representative Filer, you do not need to contact the Settlement Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your Claim Form as a Representative Filer, please contact the Settlement Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your Claim Form contains a large number of transactions, the Settlement Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

¹ All capitalized terms used in this Claim Form that are not defined herein have the meanings given to them in the Amended Stipulation.

CLAIMANT IDENTIFICATION

6. You are a member of the Class if you: (a) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from September 17, 2020, through March 16, 2021, inclusive, and were damaged thereby (the “Securities Act Subclass”) and/or (b) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from March 17, 2021 through June 17, 2021, inclusive, and were damaged thereby (the “Exchange Act Subclass”). If you purchased or acquired Athira publicly traded common stock and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or acquired Athira publicly traded common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm (“nominee”), you are the beneficial purchaser or acquirer and the third party is the record purchaser or acquirer.

7. Use Part I of this form entitled “Claimant Identification” to identify each beneficial purchaser/acquirer and purchaser/acquirer of record, if different from the beneficial purchaser/acquirer of the Athira shares that form the basis of this Claim. THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE ATHIRA PUBLICLY TRADED COMMON STOCK UPON WHICH THIS CLAIM FORM IS BASED.

8. All joint purchasers or acquirers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees or others acting in a representative capacity on behalf of a Class Member must complete and sign this Claim Form on behalf of persons they represent, and submit evidence of their current authority to act on their behalf, including titles or capacities. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim Form. Failure to provide the foregoing information could delay verification of your Claim Form or result in rejection of the Claim Form.

IDENTIFICATION OF TRANSACTIONS

9. Use Part II of this form entitled “Schedule of Transactions in Athira Publicly Traded Common Stock” to supply all required details of your transaction(s) in Athira publicly traded common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet. THE PARTIES DO NOT OTHERWISE HAVE INFORMATION ABOUT YOUR TRANSACTION(S) IN ATHIRA COMMON STOCK.

10. On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions and all of your sales of Athira publicly traded common stock which took place during the time periods requested below; whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the shares of Athira publicly traded common stock you held at the close of trading on June 25, 2021 and September 15, 2021. Failure to report all such transactions may result in the rejection of your Claim Form.

11. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

12. The date of covering a “short sale” is deemed to be the date of purchase of Athira publicly traded common stock. The date of a “short sale” is deemed to be the date of sale of Athira publicly traded common stock.

13. For each transaction, copies of broker confirmations or other documentation of your transactions should be attached to your Claim Form. Failure to provide this documentation could delay verification of your Claim Form or result in rejection of your Claim Form.

14. Dispute Resolution: The Settlement Administrator will notify Claimants in writing about whether their Claim Forms are rejected in order to give Claimants the chance to remedy any curable deficiencies. If any Claimant whose Claim has been rejected, in whole or in part, desires to contest the rejection, the Claimant must, within 20 days after the date of the notice from the Settlement Administrator, submit a statement explaining the Claimant’s grounds for contesting the rejection, and requesting a review by Co-Lead Counsel. Co-Lead Counsel will make a final determination of the Claim dispute, in consultation with the Settlement Administrator.

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Step 3 of 6 – Claimant Information

50%

Claimant Identification

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing.

Beneficial Owner's Name *

(as you would like it to appear on your check if eligible for payment)

Co-Beneficial Owner's Name

Entity Name

(if Claimant is not an individual)

Record Owner Name

(if different from Beneficial Owner(s) listed above)

Representative Name

(if different from Beneficial Owner(s) listed above)

Address *

Address1 (street name and number)

Address2 (apartment, unit or box number)

City

State / Province / Region

ZIP / Postal Code

Country

Account Number

Claimant Account Type

- ☐ Individual (includes joint owner accounts)
- ☐ Pension Plan
- ☐ Trust
- ☐ Corporation
- ☐ Estate
- ☐ IRA/401K
- ☐ Other

Last 4 Digits of Claimant Social Security Number (for individuals)/Taxpayer Identification Number (for estates, trusts, corporations, etc.)

Telephone number (day) *

Telephone number (evening)

Email Address *

(You authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Enter Email

Confirm Email

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Step 4 of 6 – Schedule of Transactions

66%

SCHEDULE OF TRANSACTIONS IN ATHIRA PUBLICLY TRADED COMMON STOCK

Purchases/Acquisitions

Purchases or acquisitions of Athira publicly traded common stock from September 17, 2020, through June 17, 2021, inclusive (must be documented)

Purchase Date MM/DD/YY (List Chronologically)	Number of Shares Purchased	Total Purchase Price (excluding taxes, commissions, and fees, if any)	In an Offering Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> ⊕

IMPORTANT: If any purchase listed covered a “short sale,” please mark Yes.

☐ Yes

Purchases during the 90-Day Lookback Period *

State the total number of shares of Athira publicly traded common stock purchased from June 18, 2021, through September 15, 2021 (must be documented)

Information requested in this Claim Form with respect to your transactions from June 18, 2021, through September 15, 2021 is needed only in order for the Settlement Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period.

Sales

Sales of Athira publicly traded common stock from September 17, 2020 through September 15, 2021, inclusive (must be documented)

Sale Date MM/DD/YY (List Chronologically)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees, if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0 ⊕

Number of shares of Athira publicly traded common stock held at the close of trading on June 25, 2021 (must be documented) *

Number of shares of Athira publicly traded common stock held at the close of trading on September 15, 2021 (must be documented) *

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Step 5 of 6 – Documentation

83%

Documentation

Drop files here or

Select files

Max. file size: 80 MB.

Please attach your proof in PDF format. If you have a large number of files, please consider uploading a ZIP file. The total maximum file size limit is 32MB.

Confirmation *

☐ I have reviewed all of my answers to the fields on this form and confirm that everything is accurate to the best of my abilities.

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Step 6 of 6 – Certification



CERTIFICATION

I (We) hereby state and represent that I am (we are) a member of the Class as defined in the Notice, and that I am (we are) not excluded from the Class as set forth in the Notice.

I (We) hereby state and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Plaintiffs' Claim (as defined in the accompanying Notice).

I (We) hereby state and represent that I (we) have included information about all of my (our) purchases and sales of Athira publicly traded common stock that occurred during the time periods requested and the number of shares held by me (us), to the extent requested.

I (We) certify that I am (we are) NOT subject to backup tax withholding.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Signature of Claimant *

Please type the name of the Claimant. If this claim is being made on behalf of Joint Claimants, then each must sign.

Signature of Joint Claimant

Please type the name of the Joint Claimant.

Capacity of person(s) signing

(e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

Date *

mm/dd/yyyy

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Submit

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File a Claim Online

Thank you for submitting your claim in the Athira Pharma Securities Litigation. You will receive a copy via email that will serve as confirmation that your form has been received.

- Your unique form id is **670ab**. If you need to amend anything on your form, please reference this ID when you contact us to assist us in confirming your identity. *Please do not file another claim.*
- If you move or change your address, telephone number or email address, please send the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. *Please do not file another claim.* NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or to deliver payment to you.

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Nominees

If you are a broker or other nominee who purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive (the "Class Period") for the beneficial interest of persons or entities other than yourself, **THEN WITHIN SEVEN (7) CALENDAR DAYS OF YOUR RECEIPT OF THE NOTICE**, you must either:

1. If you have no beneficial purchasers/owners, please advise the Claims Administrator in writing; or
2. Provide the Claims Administrator with names and last known addresses of your beneficial purchasers/owners and the Claims Administrator will do the mailing of the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Final Approval Hearing; and (III) Motion for an Award of Attorneys' Fees and Payment of Litigation Expenses ("Notice"), Proof of Claim Form ("Claim Form"), and Request to Be Excluded from the Class ("Exclusion Form", and with the Notice and Claim Form, "Notice Packet"). Please provide this information electronically. If you are not able to do this, labels will be accepted, but it is important that a hardcopy list of your clients also be submitted; or
3. Advise the Claims Administrator of how many beneficial purchasers/owners you have, and the Claims Administrator will supply you with ample Notice Packets; you must mail the Notice Packets within seven (7) calendar days of receipt. **YOU ARE NOT AUTHORIZED TO EMAIL IN LIEU OF MAILING.**

If you are providing a list of names and last known addresses to the Claims Administrator:

1. Compile a list of names and last known addresses of the beneficial purchasers/owners that purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive.
2. Prepare the list in Microsoft Excel format.
3. Then you must do one of the following:
 1. Email the spreadsheet to info@strategicclaims.net; or
 2. Burn the Microsoft Excel file(s) to a CD or DVD and mail the CD or DVD to:
Athira Pharma Securities Litigation
c/o Strategic Claims Services
600 N. Jackson Street, Suite 205
Media, PA 19063

If you are mailing the Notice Packet to beneficial purchasers/owners:

If you elect to mail the Notice Packet to beneficial purchasers/owners yourself, additional copies of the Notice Packet may be requested via email to info@strategicclaims.net. **You must also send a statement to the Claims Administrator at the address above confirming that the mailing was made, and you must retain your mailing records for use in connection with any further notices that may be provided in the Action.** Failure to timely forward the Notice Packet to beneficial purchasers/owners may affect their legal rights.

If you have any questions, contact the Claims Administrator at info@strategicclaims.net or by calling 1-866-274-4004.

Expense Reimbursement:

You are entitled to reimbursement for your reasonable expenses actually incurred in complying with the foregoing and **not to exceed**: \$0.05 per name and address if you are providing the Claims Administrator the records; or \$0.05 per Notice Packet mailed by you, plus postage at the current pre-sort rate used by the Claims Administrator, if requesting Notice Packets to perform the mailing yourself.

If you are filing electronic claims:

A nominee may also submit a Claim Form on behalf of multiple clients who are beneficial purchasers/owners. The electronic spreadsheet to be filed along with a completed Claim Form, Proof of Authority to file, a cover letter listing the number of accounts and number of transactions on your spreadsheet, and the list of beneficial owners of all accounts (include social security number/taxpayer identification number) can be found [here](#). Please contact the Claims Administrator if you have any questions regarding the electronic filing process at 1-866-274-4004 or at efile@strategicclaims.net.

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Contact Us

If you have any questions about the settlement or the notice you received about the *Athira Pharma Securities Litigation* you may contact the Claims Administrator's office via:

Contact Form

First and Last Name *

Email *

Enter Email

Confirm Email

Phone *

Mail ID

can be found on the notice you received

Reason for Contact *

Please choose a reason

▼

Submit

Phone

866-274-4004

Email

info@strategicclaims.net

Mail

Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Fax

610-565-7985

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Athira Pharma Securities Litigation, Case No. 2:21-Cv-00861-TSZ (W.D. Wash.)

Notice of Pendency of Class Action: Your rights may be affected by the above-referenced securities class action (the “Action”) pending in the United States District Court for the Western District of Washington (the “Court”), if you purchased or otherwise acquired Athira Pharma, Inc. (“Athira”) publicly traded common stock during the period from September 17, 2020, through June 17, 2021, inclusive (the “Class Period”), and were damaged thereby. **Important case and Settlement related documents, including the Amended Stipulation and Agreement of Settlement dated December 15, 2023 (the “Amended Stipulation”), the operative Complaint and certain Court orders, are available for review and downloading by clicking the tabs above.**¹

Notice of Settlement: Plaintiffs, on behalf of themselves and the Class (defined in ¶ 17 of the Notice), have reached a proposed Settlement for \$10,000,000 in cash (the “Settlement Amount”) that, if approved by the Court, will resolve all claims in the Action and related claims (the “Settlement”). **PLEASE READ THE NOTICE CAREFULLY. It explains important rights you may have, including the possible receipt of cash. If you are a member of the Class, your legal rights will be affected whether or not you act.**

¹ All capitalized terms that are not defined on this website have the meanings given to them in the Amended Stipulation.

YOUR LEGAL RIGHTS AND OPTIONS IN THE SETTLEMENT

SUBMIT A CLAIM FORM NO LATER THAN SEPTEMBER 6, 2024, ONLINE VIA THIS WEBSITE OR BY MAIL	Submitting a Claim Form is the only way to be eligible for a payment from the Settlement Fund. If you are a Class Member and you do not exclude yourself from the Class, you will be bound by the Settlement and you will give up any Released Plaintiffs' Claims (defined in ¶ 23 of the Notice) that you have against Defendants and the other Released Defendants' Parties (defined in ¶ 24 of the Notice), so it is in your interest to submit a Claim Form. See ¶ 29 of the Notice for instructions on how to file a Claim Form by mail, or click here to file a claim online .
EXCLUDE YOURSELF FROM THE CLASS BY SUBMITTING A WRITTEN REQUEST NO LATER THAN SEPTEMBER 6, 2024	If you exclude yourself from the Class, you will not receive any payment from the Settlement Fund. Excluding yourself from the Class is the only option that allows you to ever be part of any other lawsuit against Defendants or the other Released Defendants' Parties concerning the Released Plaintiffs' Claims. See ¶¶ 66-71 of the Notice for instructions. An Exclusion Form is available here .
OBJECT TO THE SETTLEMENT AND/OR RELATED MATTERS BY SEPTEMBER 6, 2024 IF YOU ARE NOT REPRESENTED BY COUNSEL. BY OCTOBER 11, 2024 IF YOU ARE REPRESENTED BY COUNSEL. OR AT THE FINAL APPROVAL HEARING	If you do not like the proposed Settlement, the proposed Plan of Allocation (including the cy pres recipient), or the request for attorneys' fees and Litigation Expenses, you may object by either (a) submitting a written objection electronically or postmarked (or bearing other proof of mailing); or (b) appearing at the Final Approval Hearing and telling the Court your views. See ¶¶ 74-80 of the Notice for instructions and further details as there are different deadlines depending on whether you are represented by counsel. You cannot object unless you are a Class Member and do not exclude yourself from the Class.
ATTEND A HEARING IN PERSON OR VIRTUALLY ON OCTOBER 25, 2024 AT 10:00 A.M. (PACIFIC)	The Court will hold a Final Approval Hearing on October 25, 2024 at 10:00 a.m. (Pacific) before the Honorable Thomas S. Zilly, U.S. Courthouse, Courtroom 15206, 700 Stewart Street, Seattle, WA 98101. Procedures for joining via ZoomGov.com will be posted on this website when available. See ¶ 72 of the Notice for instructions on attending the Final Approval Hearing. If you are a Class Member and have not excluded yourself from the Class, you may state any objections during the Final Approval Hearing. You do NOT have to attend the Final Approval Hearing to be eligible for a payment from the Settlement.
DO NOTHING	If you are a member of the Class and you do nothing, you will not receive a payment. You will, however, remain in the Class and give up your right to sue about the claims that are resolved by the Settlement and you will be bound by any judgments or orders in the Action.

Identification of Co-Lead Counsel Representatives: (i) Casey E. Sadler, Esq. of Glancy Prongay & Murray, LLP, 1925 Century Park East, Suite 2100, Los Angeles, CA 90067, (888) 773-9224, settlements@glancylaw.com; and (ii) Michael P. Canty, Esq., of Labaton Keller Sucharow LLP, 140 Broadway, New York, New York 10005, (888) 219-6877, settlementquestions@labaton.com.

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- [0117- 2023-02-17 Order re- Underwriter Defendants' motion is deferred and renoted](#)
- [0118- 2023-04-28 Declaration in Support with Exhibits](#)
- [0118- 2023-04-28 Preliminary Approval Motion](#)
- [0119- 2023-05-31 Minute Order re First Preliminary Approval Motion](#)
- [0122- 2023-06-30 Joint Status Report and exhibits](#)
- [0123- 2023-09-27 Order Denying First Preliminary Approval Motion](#)
- [0125- 2023-12-15 Plaintiffs Renewed Motion for Preliminary Approval](#)
- [0125- 2023-12-15 Supplemental Decl. with exhibits](#)
- [0128- 2024-02-15 Order Partially Granting Renewed Motion for Preliminary Approval](#)
- [0129- 2024-03-15 Joint Status Report and exhibits](#)
- [0130- 2024-03-29 Minute Order Approving Forms of Notice](#)
- [0131- 2024-04-30 Motion for Attorney Fees and Expenses](#)
- [0132- 2024-04-30 Joint Declaration in Support of Motion for Attorneys' Fees](#)

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File a Claim Online

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Step 1 of 6 – Help

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This form allows you to file your claim online securely through our website. If you wish to file a paper claim, please click the following link: [Proof of Claim and Release Form](#). To review any of the documents related to this case, please click the [Important Documents](#) tab above.

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the Settlement.

Before you begin

Please have the following items ready to go before you begin filing your online claim form; it will make the process easier for you.

- You should have copies of your statements for the relevant date ranges so that you can enter your transactions.
- You should have copies of these statements scanned and saved on your computer so that you can upload them as proof. We prefer files in PDF format, but we can accept most file formats.

Step 1 – General Instructions

Please read this important information about the case. It provides important details you should understand before you file your claim.

Step 2 – Claimant Identification

Please enter your current contact information to assist us in identifying your claim and contacting you for additional information and updates. We recommend you turn off auto-fill settings in your browser to ensure incorrect information is not added by mistake. You will receive a confirmation email that we received your claim at the email address you provide. Double check the information before you click next as you will not have the opportunity to review it again prior to submitting.

Step 3 – Schedule of Transactions

Please read the instructions carefully and enter your relevant transactions. You need to ensure that your number of shares in beginning holdings plus purchases/acquisitions minus sales and minus ending holdings equals zero. This is to ensure that all relevant transactions are accounted for. The form will not allow you to continue until all outstanding shares are accounted for.

Step 4 – Documentation

Please drag and drop your files or click select files and choose the files that you will provide as proof of your transactions. Broker statements are usually the best documents to use as proof. Please note that when the file upload completes, the file name will be listed below the upload box. You can click the red x to remove the file if it was added in error.

Step 5 – Certification

Please read the Release. By typing your name and date in these fields, you are signing the document and certifying that everything is true, correct and complete. After you click the submit button, you will receive a confirmation that your claim was submitted. You will also receive a confirmation number; please record this number for future reference.

After submitting your claim

Within a few minutes of submitting your claim; you will receive a confirmation email from us that contains your Form ID along with the information you submitted. If you need to make any amendments to your claim, please reference the Form ID you received.

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GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled Nacif et al., v. Athira Pharma, Inc. et al., Case No.: 2:21-cv-00861-TSZ (the "Action"), you must complete and, on the Certification page, sign this Proof of Claim Form ("Claim Form"). If you fail to submit a timely Claim Form, your Claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement. The Amended Stipulation and Agreement of Settlement, dated December 15, 2023 (the "Amended Stipulation"), and other documents about the Settlement are available at www.AthiraSecuritiesSettlement.com.¹
2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.
3. YOU MUST MAIL BY FIRST-CLASS MAIL POSTMARKED (OR BEARING OTHER PROOF OF MAILING) NO LATER THAN SEPTEMBER 6, 2024, OR SUBMIT ONLINE NO LATER THAN SEPTEMBER 6, 2024, YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED BELOW AS FOLLOWS:

Mailed Submissions:
Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Online Submissions:
www.AthiraSecuritiesSettlement.com

If you are NOT a member of the Class, as defined in the accompanying Notice and below, DO NOT submit a Claim Form.

4. NOTICE TO INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Class Members and/or (b) institutional accounts with large numbers of transactions ("Representative Filers") must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Settlement Administrator at efile@strategicclaims.net or visit their website at www.strategicclaims.net/institutional-filers/ to obtain the required file layout. Claims that are not submitted in electronic spreadsheet format and in accordance with the Settlement Administrator's instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file, along with the electronic spreadsheet format. Claim Forms should be combined on a legal entity basis, where applicable. Subaccounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. No Claim Forms submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Settlement Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.
5. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their Claims online using the electronic version of the Claim Form hosted at www.AthiraSecuritiesSettlement.com. If you are not acting as a Representative Filer, you do not need to contact the Settlement Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your Claim Form as a Representative Filer, please contact the Settlement Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your Claim Form contains a large number of transactions, the Settlement Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.
- ¹ All capitalized terms used in this Claim Form that are not defined herein have the meanings given to them in the Amended Stipulation.

CLAIMANT IDENTIFICATION

6. You are a member of the Class if you: (a) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from September 17, 2020, through March 16, 2021, inclusive, and were damaged thereby (the "Securities Act Subclass") and/or (b) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from March 17, 2021 through June 17, 2021, inclusive, and were damaged thereby (the "Exchange Act Subclass"). If you purchased or acquired Athira publicly traded common stock and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or acquired Athira publicly traded common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm ("nominee"), you are the beneficial purchaser or acquirer and the third party is the record purchaser or acquirer.
7. Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser/acquirer and purchaser/acquirer of record, if different from the beneficial purchaser/acquirer of the Athira shares that form the basis of this Claim. THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE ATHIRA PUBLICLY TRADED COMMON STOCK UPON WHICH THIS CLAIM FORM IS BASED.
8. All joint purchasers or acquirers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees or others acting in a representative capacity on behalf of a Class Member must complete and sign this Claim Form on behalf of persons they represent, and submit evidence of their current authority to act on their behalf, including titles or capacities. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim Form. Failure to provide the foregoing information could delay verification of your Claim Form or result in rejection of the Claim Form.

IDENTIFICATION OF TRANSACTIONS

9. Use Part II of this form entitled "Schedule of Transactions in Athira Publicly Traded Common Stock" to supply all required details of your transaction(s) in Athira publicly traded common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet. THE PARTIES DO NOT OTHERWISE HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN ATHIRA COMMON STOCK.
10. On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions and all of your sales of Athira publicly traded common stock which took place during the time periods requested below, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the shares of Athira publicly traded common stock you held at the close of trading on June 25, 2021 and September 15, 2021. Failure to report all such transactions may result in the rejection of your Claim Form.
11. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.
12. The date of covering a "short sale" is deemed to be the date of purchase of Athira publicly traded common stock. The date of a "short sale" is deemed to be the date of sale of Athira publicly traded common stock.
13. For each transaction, copies of broker confirmations or other documentation of your transactions should be attached to your Claim Form. Failure to provide this documentation could delay verification of your Claim Form or result in rejection of your Claim Form.
14. **Dispute Resolution:** The Settlement Administrator will notify Claimants in writing about whether their Claim Forms are rejected in order to give Claimants the chance to remedy any curable deficiencies. If any Claimant whose Claim has been rejected, in whole or in part, desires to contest the rejection, the Claimant must, within 20 days after the date of the notice from the Settlement Administrator, submit a statement explaining the Claimant's grounds for contesting the rejection, and requesting a review by Co-Lead Counsel. Co-Lead Counsel will make a final determination of the Claim dispute, in consultation with the Settlement Administrator.

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Step 3 of 6 — Claimant Information

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Claimant Identification

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing.

Beneficial Owner's Name *

(as you would like it to appear on your check if eligible for payment)

Co-Beneficial Owner's Name

Entity Name

(if Claimant is not an individual)

Record Owner Name

(if different from Beneficial Owner(s) listed above)

Representative Name

(if different from Beneficial Owner(s) listed above)

Address *

Address1 (street name and number)

Address2 (apartment, unit or box number)

City

State / Province / Region

ZIP / Postal Code

Country

Account Number

Claimant Account Type

- ☐ Individual (includes joint owner accounts)
- ☐ Pension Plan
- ☐ Trust
- ☐ Corporation
- ☐ Estate
- ☐ IRA/401K
- ☐ Other

Last 4 Digits of Claimant Social Security Number (for individuals)/Taxpayer Identification Number (for estates, trusts, corporations, etc.)

Telephone number (day) *

Telephone number (evening)

Email Address *

(You authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Enter Email

Confirm Email

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Step 4 of 6 – Schedule of Transactions


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SCHEDULE OF TRANSACTIONS IN ATHIRA PUBLICLY TRADED COMMON STOCK

Purchases/Acquisitions

Purchases or acquisitions of Athira publicly traded common stock from September 17, 2020, through June 17, 2021, inclusive (must be documented)

Purchase Date MM/DD/YY (List Chronologically)	Number of Shares Purchased	Total Purchase Price (excluding taxes, commissions, and fees, if any)	In an Offering Y/N
---	----------------------------	---	--------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 
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IMPORTANT: If any purchase listed covered a “short sale,” please mark Yes.

☐ Yes

Purchases during the 90-Day Lookback Period *


State the total number of shares of Athira publicly traded common stock purchased from June 18, 2021, through September 15, 2021 (must be documented)

Information requested in this Claim Form with respect to your transactions from June 18, 2021, through September 15, 2021 is needed only in order for the Settlement Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period.

Sales

Sales of Athira publicly traded common stock from September 17, 2020 through September 15, 2021, inclusive (must be documented)

Sale Date MM/DD/YY (List Chronologically)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees, if any)
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 
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Number of shares of Athira publicly traded common stock held at the close of trading on June 25, 2021 (must be documented) *

Number of shares of Athira publicly traded common stock held at the close of trading on September 15, 2021 (must be documented) *

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Step 5 of 6 – Documentation



Documentation

Drop files here or

Select files

Max. file size: 80 MB.

Please attach your proof in PDF format. If you have a large number of files, please consider uploading a ZIP file. The total maximum file size limit is 32MB.

Confirmation *

☐ I have reviewed all of my answers to the fields on this form and confirm that everything is accurate to the best of my abilities.

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Step 6 of 6 – Certification



CERTIFICATION

I (We) hereby state and represent that I am (we are) a member of the Class as defined in the Notice, and that I am (we are) not excluded from the Class as set forth in the Notice.

I (We) hereby state and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Plaintiffs' Claim (as defined in the accompanying Notice).

I (We) hereby state and represent that I (we) have included information about all of my (our) purchases and sales of Athira publicly traded common stock that occurred during the time periods requested and the number of shares held by me (us), to the extent requested.

I (We) certify that I am (we are) NOT subject to backup tax withholding.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Signature of Claimant *

Please type the name of the Claimant. If this claim is being made on behalf of Joint Claimants, then each must sign.

Signature of Joint Claimant

Please type the name of the Joint Claimant.

Capacity of person(s) signing

(e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

Date *

mm/dd/yyyy

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File a Claim Online

Thank you for submitting your claim in the Athira Pharma Securities Litigation. You will receive a copy via email that will serve as confirmation that your form has been received.

- Your unique form id is **75806**. If you need to amend anything on your form, please reference this ID when you contact us to assist us in confirming your identity. *Please do not file another claim.*

- If you move or change your address, telephone number or email address, please send the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. *Please do not file another claim.* NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or to deliver payment to you.

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Nominees

If you are a broker or other nominee who purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive (the "Class Period") for the beneficial interest of persons or entities other than yourself, **THEN WITHIN SEVEN (7) CALENDAR DAYS OF YOUR RECEIPT OF THE NOTICE**, you must either:

1. If you have no beneficial purchasers/owners, please advise the Claims Administrator in writing; or
2. Provide the Claims Administrator with names and last known addresses of your beneficial purchasers/owners and the Claims Administrator will do the mailing of the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Final Approval Hearing; and (III) Motion for an Award of Attorneys' Fees and Payment of Litigation Expenses ("Notice"), Proof of Claim Form ("Claim Form"), and Request to Be Excluded from the Class ("Exclusion Form", and with the Notice and Claim Form, "Notice Packet"). Please provide this information electronically. If you are not able to do this, labels will be accepted, but it is important that a hardcopy list of your clients also be submitted; or
3. Advise the Claims Administrator of how many beneficial purchasers/owners you have, and the Claims Administrator will supply you with ample Notice Packets; you must mail the Notice Packets within seven (7) calendar days of receipt. **YOU ARE NOT AUTHORIZED TO EMAIL IN LIEU OF MAILING.**

If you are providing a list of names and last known addresses to the Claims Administrator:

1. Compile a list of names and last known addresses of the beneficial purchasers/owners that purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive.
2. Prepare the list in Microsoft Excel format.
3. Then you must do one of the following:
 1. Email the spreadsheet to info@strategicclaims.net; or
 2. Burn the Microsoft Excel file(s) to a CD or DVD and mail the CD or DVD to:
 Athira Pharma Securities Litigation
 c/o Strategic Claims Services
 600 N. Jackson Street, Suite 205
 Media, PA 19063

If you are mailing the Notice Packet to beneficial purchasers/owners:

If you elect to mail the Notice Packet to beneficial purchasers/owners yourself, additional copies of the Notice Packet may be requested via email to info@strategicclaims.net. **You must also send a statement to the Claims Administrator at the address above confirming that the mailing was made, and you must retain your mailing records for use in connection with any further notices that may be provided in the Action.** Failure to timely forward the Notice Packet to beneficial purchasers/owners may affect their legal rights.

If you have any questions, contact the Claims Administrator at info@strategicclaims.net or by calling 1-866-274-4004.

Expense Reimbursement:

You are entitled to reimbursement for your reasonable expenses actually incurred in complying with the foregoing and **not to exceed** \$0.05 per name and address if you are providing the Claims Administrator the records; or \$0.05 per Notice Packet mailed by you, plus postage at the current pre-sort rate used by the Claims Administrator, if requesting Notice Packets to perform the mailing yourself.

If you are filing electronic claims:

A nominee may also submit a Claim Form on behalf of multiple clients who are beneficial purchasers/owners. The electronic spreadsheet to be filed along with a completed Claim Form, Proof of Authority to file, a cover letter listing the number of accounts and number of transactions on your spreadsheet, and the list of beneficial owners of all accounts (include social security number/taxpayer identification number) can be found [here](#). Please contact the Claims Administrator if you have any questions regarding the electronic filing process at 1-866-274-4004 or at efile@strategicclaims.net.

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Contact Us

If you have any questions about the settlement or the notice you received about the *Athira Pharma Securities Litigation* you may contact the Claims Administrator's office via:

Contact Form

First and Last Name *

Email *

Enter Email

Confirm Email

Phone *

Mail ID

can be found on the notice you received

Reason for Contact *

Please choose a reason



Submit

Phone

866-274-4004

Email

info@strategicclaims.net

Mail

Athira Pharma Securities Litigation
 c/o Strategic Claims Services
 P.O. Box 230
 600 N. Jackson Street, Suite 205
 Media, PA 19063

Fax

610-565-7985

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Athira Pharma Securities Litigation, Case No. 2:21-Cv-00861-TSZ (W.D. Wash.)

Notice of Pendency of Class Action: Your rights may be affected by the above-referenced securities class action (the "Action") pending in the United States District Court for the Western District of Washington (the "Court"), if you purchased or otherwise acquired Athira Pharma, Inc. ("Athira") publicly traded common stock during the period from September 17, 2020, through June 17, 2021, inclusive (the "Class Period"), and were damaged thereby. **Important case and Settlement related documents, including the Amended Stipulation and Agreement of Settlement dated December 15, 2023 (the "Amended Stipulation"), the operative Complaint and certain Court orders, are available for review and downloading by clicking the tabs above.**¹

Notice of Settlement: Plaintiffs, on behalf of themselves and the Class (defined in ¶ 17 of the Notice), have reached a proposed Settlement for \$10,000,000 in cash (the "Settlement Amount") that, if approved by the Court, will resolve all claims in the Action and related claims (the "Settlement"). **PLEASE READ THE NOTICE CAREFULLY. It explains important rights you may have, including the possible receipt of cash. If you are a member of the Class, your legal rights will be affected whether or not you act.**

¹ All capitalized terms that are not defined on this website have the meanings given to them in the Amended Stipulation.

YOUR LEGAL RIGHTS AND OPTIONS IN THE SETTLEMENT

SUBMIT A CLAIM FORM NO LATER THAN SEPTEMBER 6, 2024, ONLINE VIA THIS WEBSITE OR BY MAIL	Submitting a Claim Form is the only way to be eligible for a payment from the Settlement Fund. If you are a Class Member and you do not exclude yourself from the Class, you will be bound by the Settlement and you will give up any Released Plaintiffs' Claims (defined in ¶ 23 of the Notice) that you have against Defendants and the other Released Defendants' Parties (defined in ¶ 24 of the Notice), so it is in your interest to submit a Claim Form. See ¶ 29 of the Notice for instructions on how to file a Claim Form by mail, or click here to file a claim online .
EXCLUDE YOURSELF FROM THE CLASS BY SUBMITTING A WRITTEN REQUEST NO LATER THAN SEPTEMBER 6, 2024	If you exclude yourself from the Class, you will not receive any payment from the Settlement Fund. Excluding yourself from the Class is the only option that allows you to ever be part of any other lawsuit against Defendants or the other Released Defendants' Parties concerning the Released Plaintiffs' Claims. See ¶¶ 66-71 of the Notice for instructions. An Exclusion Form is available here .
OBJECT TO THE SETTLEMENT AND/OR RELATED MATTERS BY SEPTEMBER 6, 2024 IF YOU ARE NOT REPRESENTED BY COUNSEL. BY OCTOBER 11, 2024 IF YOU ARE REPRESENTED BY COUNSEL. OR AT THE FINAL APPROVAL HEARING	If you do not like the proposed Settlement, the proposed Plan of Allocation (including the cy pres recipient), or the request for attorneys' fees and Litigation Expenses, you may object by either (a) submitting a written objection electronically or postmarked (or bearing other proof of mailing); or (b) appearing at the Final Approval Hearing and telling the Court your views. See ¶¶ 74-80 of the Notice for instructions and further details as there are different deadlines depending on whether you are represented by counsel. You cannot object unless you are a Class Member and do not exclude yourself from the Class.
ATTEND A HEARING IN PERSON OR VIRTUALLY ON OCTOBER 25, 2024 AT 10:00 A.M. (PACIFIC)	The Court will hold a Final Approval Hearing on October 25, 2024 at 10:00 a.m. (Pacific) before the Honorable Thomas S. Zilly, U.S. Courthouse, Courtroom 15206, 700 Stewart Street, Seattle, WA 98101. Procedures for joining via ZoomGov.com will be posted on this website when available. See ¶ 72 of the Notice for instructions on attending the Final Approval Hearing. If you are a Class Member and have not excluded yourself from the Class, you may state any objections during the Final Approval Hearing. You do NOT have to attend the Final Approval Hearing to be eligible for a payment from the Settlement.
DO NOTHING	If you are a member of the Class and you do nothing, you will not receive a payment. You will, however, remain in the Class and give up your right to sue about the claims that are resolved by the Settlement and you will be bound by any judgments or orders in the Action.

Identification of Co-Lead Counsel Representatives: (i) Casey E. Sadler, Esq. of Glancy Prongay & Murray, LLP, 1925 Century Park East, Suite 2100, Los Angeles, CA 90067, (888) 773-9224, settlements@glancylaw.com; and (ii) Michael P. Canty, Esq., of Labaton Keller Sucharow LLP, 140 Broadway, New York, New York 10005, (888) 219-6877, settlementquestions@labaton.com.

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Please click the links to view and/or download the documents.

- [NOTICE OF \(I\) PENDENCY OF CLASS ACTION AND PROPOSED SETTLEMENT; \(II\) FINAL APPROVAL HEARING; AND \(III\) MOTION FOR AN AWARD OF ATTORNEYS' FEES AND PAYMENT OF LITIGATION EXPENSES](#)
- [PROOF OF CLAIM FORM](#)
- [REQUEST TO BE EXCLUDED FROM THE CLASS](#)
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- [0089- 2022-07-29 Order on Motion to Dismiss](#)
- [0095- 2022-10-04 Minute Order denying Defendants' Motion for Partial Reconsideration](#)
- [0117- 2023-02-17 Order re- Underwriter Defendants' motion is deferred and renoted](#)
- [0118- 2023-04-28 Declaration in Support with Exhibits](#)
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- [0119- 2023-05-31 Minute Order re First Preliminary Approval Motion](#)
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- [0132- 2024-04-30 Joint Declaration in Support of Motion for Attorneys' Fees](#)

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GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Nacif et al., v. Athira Pharma, Inc. et al.*, Case No. : 2:21-cv-00861-TSZ (the "Action"), you must complete and, on the Certification page, sign this Proof of Claim Form ("Claim Form"). If you fail to submit a timely Claim Form, your Claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement, The Amended Stipulation and Agreement of Settlement, dated December 15, 2023 (the "Amended Stipulation"), and other documents about the Settlement are available at www.AthiraSecuritiesSettlement.com.¹

2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. YOU MUST MAIL BY FIRST-CLASS MAIL POSTMARKED (OR BEARING OTHER PROOF OF MAILING) NO LATER THAN SEPTEMBER 6, 2024, OR SUBMIT ONLINE NO LATER THAN SEPTEMBER 6, 2024, YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED BELOW AS FOLLOWS:

Mailed Submissions:

Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Online Submissions:

www.AthiraSecuritiesSettlement.com

If you are NOT a member of the Class, as defined in the accompanying Notice and below, DO NOT submit a Claim Form.

4. NOTICE TO INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Class Members and/or (b) institutional accounts with large numbers of transactions ("Representative Filers") must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Settlement Administrator at efile@strategicclaims.net or visit their website at www.strategicclaims.net/institutional-filers/ to obtain the required file layout. Claims that are not submitted in electronic spreadsheet format and in accordance with the Settlement Administrator's instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file, along with the electronic spreadsheet format. Claim Forms should be combined on a legal entity basis, where applicable. Sub-accounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. No Claim Forms submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Settlement Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

5. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their Claims online using the electronic version of the Claim Form hosted at www.AthiraSecuritiesSettlement.com. If you are not acting as a Representative Filer, you do not need to contact the Settlement Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your Claim Form as a Representative Filer, please contact the Settlement Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your Claim Form contains a large number of transactions, the Settlement Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

¹ All capitalized terms used in this Claim Form that are not defined herein have the meanings given to them in the Amended Stipulation.

CLAIMANT IDENTIFICATION

6. You are a member of the Class if you: (a) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from September 17, 2020, through March 16, 2021, inclusive, and were damaged thereby (the "Securities Act Subclass") and/or (b) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from March 17, 2021 through June 17, 2021, inclusive, and were damaged thereby (the "Exchange Act Subclass"). If you purchased or acquired Athira publicly traded common stock and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or acquired Athira publicly traded common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm ("nominee"), you are the beneficial purchaser or acquirer and the third party is the record purchaser or acquirer.

7. Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser/acquirer and purchaser/acquirer of record, if different from the beneficial purchaser/acquirer of the Athira shares that form the basis of this Claim. THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE ATHIRA PUBLICLY TRADED COMMON STOCK UPON WHICH THIS CLAIM FORM IS BASED.

8. All joint purchasers or acquirers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees or others acting in a representative capacity on behalf of a Class Member must complete and sign this Claim Form on behalf of persons they represent, and submit evidence of their current authority to act on their behalf, including titles or capacities. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim Form. Failure to provide the foregoing information could delay verification of your Claim Form or result in rejection of the Claim Form.

IDENTIFICATION OF TRANSACTIONS

9. Use Part II of this form entitled "Schedule of Transactions in Athira Publicly Traded Common Stock" to supply all required details of your transaction(s) in Athira publicly traded common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet. THE PARTIES DO NOT OTHERWISE HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN ATHIRA COMMON STOCK.

10. On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions and all of your sales of Athira publicly traded common stock which took place during the time periods requested below, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the shares of Athira publicly traded common stock you held at the close of trading on June 25, 2021 and September 15, 2021. Failure to report all such transactions may result in the rejection of your Claim Form.

11. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

12. The date of covering a "short sale" is deemed to be the date of purchase of Athira publicly traded common stock. The date of a "short sale" is deemed to be the date of sale of Athira publicly traded common stock.

13. For each transaction, copies of broker confirmations or other documentation of your transactions should be attached to your Claim Form. Failure to provide this documentation could delay verification of your Claim Form or result in rejection of your Claim Form.

14. **Dispute Resolution:** The Settlement Administrator will notify Claimants in writing about whether their Claim Forms are rejected in order to give Claimants the chance to remedy any curable deficiencies. If any Claimant whose Claim has been rejected, in whole or in part, desires to contest the rejection, the Claimant must, within 20 days after the date of the notice from the Settlement Administrator, submit a statement explaining the Claimant's grounds for contesting the rejection, and requesting a review by Co-Lead Counsel. Co-Lead Counsel will make a final determination of the Claim dispute. In consultation with the Settlement Administrator.

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Step 3 of 6 – Claimant Information

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Claimant Identification

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing.

Beneficial Owner's Name *
(as you would like it to appear on your check if eligible for payment)

Co-Beneficial Owner's Name

Entity Name
(if Claimant is not an individual)

Record Owner Name
(if different from Beneficial Owner(s) listed above)

Representative Name
(if different from Beneficial Owner(s) listed above)

Address *

Address1 (street name and number)

Address2 (apartment, unit or box number)

City

State / Province / Region

United States

ZIP / Postal Code

Country

Account Number

Claimant Account Type

☐ Individual (includes joint owner accounts)

☐ Pension Plan

☐ Trust

☐ Corporation

☐ Estate

☐ IRA/401K

☐ Other

Last 4 Digits of Claimant Social Security Number (for individuals)/Taxpayer Identification Number (for estates, trusts, corporations, etc.)

Telephone number (day) *

Telephone number (evening)

Email Address *
(You authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Enter Email

Confirm Email

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Step 4 of 6 – Schedule of Transactions

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SCHEDULE OF TRANSACTIONS IN ATHIRA PUBLICLY TRADED COMMON STOCK

Purchases/Acquisitions

Purchases or acquisitions of Athira publicly traded common stock from September 17, 2020, through June 17, 2021, inclusive (must be documented)

Purchase Date MM/DD/YY (List Chronologically)	Number of Shares Purchased	Total Purchase Price (excluding taxes, commissions, and fees, if any)	In an Offering Y/N
---	----------------------------	---	--------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> ⊕
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IMPORTANT: If any purchase listed covered a “short sale,” please mark Yes.

☐ Yes

Purchases during the 90-Day Lookback Period *

State the total number of shares of Athira publicly traded common stock purchased from June 18, 2021, through September 15, 2021 (must be documented)
Information requested in this Claim Form with respect to your transactions from June 18, 2021, through September 15, 2021 is needed only in order for the Settlement Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period.

Sales

Sales of Athira publicly traded common stock from September 17, 2020 through September 15, 2021, inclusive (must be documented)

Sale Date MM/DD/YY (List Chronologically)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees, if any)
---	-----------------------	----------------------	---

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0 ⊕
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Number of shares of Athira publicly traded common stock held at the close of trading on June 25, 2021 (must be documented) *

Number of shares of Athira publicly traded common stock held at the close of trading on September 15, 2021 (must be documented) *

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Step 5 of 6 – Documentation

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Documentation

Drop files here or

Select files

Max. file size: 80 MB.

Please attach your proof in PDF format. If you have a large number of files, please consider uploading a ZIP file. The total maximum file size limit is 32MB.

Confirmation *

☐ I have reviewed all of my answers to the fields on this form and confirm that everything is accurate to the best of my abilities.

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Step 6 of 6 – Certification



CERTIFICATION

I (We) hereby state and represent that I am (we are) a member of the Class as defined in the Notice, and that I am (we are) not excluded from the Class as set forth in the Notice.

I (We) hereby state and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Plaintiffs' Claim (as defined in the accompanying Notice).

I (We) hereby state and represent that I (we) have included information about all of my (our) purchases and sales of Athira publicly traded common stock that occurred during the time periods requested and the number of shares held by me (us), to the extent requested.

I (We) certify that I am (we are) NOT subject to backup tax withholding.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Signature of Claimant *

Please type the name of the Claimant. If this claim is being made on behalf of Joint Claimants, then each must sign.

Signature of Joint Claimant

Please type the name of the Joint Claimant.

Capacity of person(s) signing

(e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

Date *

mm/dd/yyyy

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Thank you for submitting your claim in the Athira Pharma Securities Litigation. You will receive a copy via email that will serve as confirmation that your form has been received.

- Your unique form id is **879d1**. If you need to amend anything on your form, please reference this ID when you contact us to assist us in confirming your identity. *Please do not file another claim.*
- If you move or change your address, telephone number or email address, please send the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. *Please do not file another claim.* NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or to deliver payment to you.

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If you are a broker or other nominee who purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive (the "Class Period") for the beneficial interest of persons or entities other than yourself, **THEN WITHIN SEVEN (7) CALENDAR DAYS OF YOUR RECEIPT OF THE NOTICE**, you must either:

1. If you have no beneficial purchasers/owners, please advise the Claims Administrator in writing; or
2. Provide the Claims Administrator with names and last known addresses of your beneficial purchasers/owners and the Claims Administrator will do the mailing of the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Final Approval Hearing; and (III) Motion for an Award of Attorneys' Fees and Payment of Litigation Expenses ("Notice"), Proof of Claim Form ("Claim Form"), and Request to Be Excluded from the Class ("Exclusion Form", and with the Notice and Claim Form, "Notice Packet"). Please provide this information electronically. If you are not able to do this, labels will be accepted, but it is important that a hardcopy list of your clients also be submitted; or
3. Advise the Claims Administrator of how many beneficial purchasers/owners you have, and the Claims Administrator will supply you with ample Notice Packets; you must mail the Notice Packets within seven (7) calendar days of receipt. **YOU ARE NOT AUTHORIZED TO EMAIL IN LIEU OF MAILING.**

If you are providing a list of names and last known addresses to the Claims Administrator:

1. Compile a list of names and last known addresses of the beneficial purchasers/owners that purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive.
2. Prepare the list in Microsoft Excel format.
3. Then you must do one of the following:
 1. Email the spreadsheet to info@strategicclaims.net; or
 2. Burn the Microsoft Excel file(s) to a CD or DVD and mail the CD or DVD to:
 Athira Pharma Securities Litigation
 c/o Strategic Claims Services
 600 N. Jackson Street, Suite 205
 Media, PA 19063

If you are mailing the Notice Packet to beneficial purchasers/owners:

If you elect to mail the Notice Packet to beneficial purchasers/owners yourself, additional copies of the Notice Packet may be requested via email to info@strategicclaims.net. **You must also send a statement to the Claims Administrator at the address above confirming that the mailing was made, and you must retain your mailing records for use in connection with any further notices that may be provided in the Action.** Failure to timely forward the Notice Packet to beneficial purchasers/owners may affect their legal rights.

If you have any questions, contact the Claims Administrator at info@strategicclaims.net or by calling 1-866-274-4004.

Expense Reimbursement:

You are entitled to reimbursement for your reasonable expenses actually incurred in complying with the foregoing and **not to exceed**: \$0.05 per name and address if you are providing the Claims Administrator the records; or \$0.05 per Notice Packet mailed by you, plus postage at the current pre-sort rate used by the Claims Administrator, if requesting Notice Packets to perform the mailing yourself.

If you are filing electronic claims:

A nominee may also submit a Claim Form on behalf of multiple clients who are beneficial purchasers/owners. The electronic spreadsheet to be filed along with a completed Claim Form, Proof of Authority to file, a cover letter listing the number of accounts and number of transactions on your spreadsheet, and the list of beneficial owners of all accounts (include social security number/taxpayer identification number) can be found [here](#). Please contact the Claims Administrator if you have any questions regarding the electronic filing process at 1-866-274-4004 or at efile@strategicclaims.net.

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Contact Us

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If you have any questions about the settlement or the notice you received about the *Athira Pharma Securities Litigation* you may contact the Claims Administrator's office via:

Contact Form

First and Last Name *

Email *

Enter Email

Confirm Email

Phone *

Mail ID

can be found on the notice you received

Reason for Contact *

Please choose a reason

▼

Submit

Phone
866-274-4004

Email
info@strategicclaims.net

Mail
Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Fax
610-565-7985

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Athira Pharma Securities Litigation, Case No. 2:21-Cv-00861-TSZ (W.D. Wash.)

Notice of Pendency of Class Action: Your rights may be affected by the above-referenced securities class action (the "Action") pending in the United States District Court for the Western District of Washington (the "Court"), if you purchased or otherwise acquired Athira Pharma, Inc. ("Athira") publicly traded common stock during the period from September 17, 2020, through June 17, 2021, inclusive (the "Class Period"), and were damaged thereby. **Important case and Settlement related documents, including the Amended Stipulation and Agreement of Settlement dated December 15, 2023 (the "Amended Stipulation"), the operative Complaint and certain Court orders, are available for review and downloading by clicking the tabs above.**¹

Notice of Settlement: Plaintiffs, on behalf of themselves and the Class (defined in ¶ 17 of the Notice), have reached a proposed Settlement for \$10,000,000 in cash (the "Settlement Amount") that, if approved by the Court, will resolve all claims in the Action and related claims (the "Settlement"). **PLEASE READ THE NOTICE CAREFULLY. It explains important rights you may have, including the possible receipt of cash. If you are a member of the Class, your legal rights will be affected whether or not you act.**

¹ All capitalized terms that are not defined on this website have the meanings given to them in the Amended Stipulation.

YOUR LEGAL RIGHTS AND OPTIONS IN THE SETTLEMENT

SUBMIT A CLAIM FORM NO LATER THAN SEPTEMBER 6, 2024, ONLINE VIA THIS WEBSITE OR BY MAIL	Submitting a Claim Form is the only way to be eligible for a payment from the Settlement Fund. If you are a Class Member and you do not exclude yourself from the Class, you will be bound by the Settlement and you will give up any Released Plaintiffs' Claims (defined in ¶ 23 of the Notice) that you have against Defendants and the other Released Defendants' Parties (defined in ¶ 24 of the Notice), so it is in your interest to submit a Claim Form. See ¶ 29 of the Notice for instructions on how to file a Claim Form by mail, or click here to file a claim online .
EXCLUDE YOURSELF FROM THE CLASS BY SUBMITTING A WRITTEN REQUEST NO LATER THAN SEPTEMBER 6, 2024	If you exclude yourself from the Class, you will not receive any payment from the Settlement Fund. Excluding yourself from the Class is the only option that allows you to ever be part of any other lawsuit against Defendants or the other Released Defendants' Parties concerning the Released Plaintiffs' Claims. See ¶¶ 66-71 of the Notice for instructions. An Exclusion Form is available here .
OBJECT TO THE SETTLEMENT AND/OR RELATED MATTERS BY SEPTEMBER 6, 2024 IF YOU ARE NOT REPRESENTED BY COUNSEL. BY OCTOBER 11, 2024 IF YOU ARE REPRESENTED BY COUNSEL. OR AT THE FINAL APPROVAL HEARING	If you do not like the proposed Settlement, the proposed Plan of Allocation (including the cy pres recipient), or the request for attorneys' fees and Litigation Expenses, you may object by either (a) submitting a written objection electronically or postmarked (or bearing other proof of mailing); or (b) appearing at the Final Approval Hearing and telling the Court your views. See ¶¶ 74-80 of the Notice for instructions and further details as there are different deadlines depending on whether you are represented by counsel. You cannot object unless you are a Class Member and do not exclude yourself from the Class.
ATTEND A HEARING IN PERSON OR VIRTUALLY ON OCTOBER 25, 2024 AT 10:00 A.M. (PACIFIC)	The Court will hold a Final Approval Hearing on October 25, 2024 at 10:00 a.m. (Pacific) before the Honorable Thomas S. Zilly, U.S. Courthouse, Courtroom 15206, 700 Stewart Street, Seattle, WA 98101. Procedures for joining via ZoomGov.com will be posted on this website when available. See ¶ 72 of the Notice for instructions on attending the Final Approval Hearing. If you are a Class Member and have not excluded yourself from the Class, you may state any objections during the Final Approval Hearing. You do NOT have to attend the Final Approval Hearing to be eligible for a payment from the Settlement.
DO NOTHING	If you are a member of the Class and you do nothing, you will not receive a payment. You will, however, remain in the Class and give up your right to sue about the claims that are resolved by the Settlement and you will be bound by any judgments or orders in the Action.

Identification of Co-Lead Counsel Representatives: (i) Casey E. Sadler, Esq. of Glancy Prongay & Murray, LLP, 1925 Century Park East, Suite 2100, Los Angeles, CA 90067, (888) 773-9224, settlements@glancylaw.com; and (ii) Michael P. Canty, Esq., of Labaton Keller Sucharow LLP, 140 Broadway, New York, New York 10005, (888) 219-6877, settlementquestions@labaton.com.

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Important Settlement Documents

Please click the links to view and/or download the documents.

- [NOTICE OF \(I\) PENDENCY OF CLASS ACTION AND PROPOSED SETTLEMENT; \(II\) FINAL APPROVAL HEARING; AND \(III\) MOTION FOR AN AWARD OF ATTORNEYS' FEES AND PAYMENT OF LITIGATION EXPENSES](#)
- [PROOF OF CLAIM FORM](#)
- [REQUEST TO BE EXCLUDED FROM THE CLASS](#)
- [AMENDED STIPULATION](#)
- [SUMMARY NOTICE OF \(I\) PENDENCY OF CLASS ACTION AND PROPOSED SETTLEMENT; \(II\) FINAL APPROVAL HEARING; AND \(III\) MOTION FOR AN AWARD OF ATTORNEYS' FEES AND PAYMENT OF LITIGATION EXPENSES](#)

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Important Court Documents

Please click the links to view and/or download the documents.

- [0074- 2022-01-07 Complaint](#)
- [0089- 2022-07-29 Order on Motion to Dismiss](#)
- [0095- 2022-10-04 Minute Order denying Defendants' Motion for Partial Reconsideration](#)
- [0117- 2023-02-17 Order re- Underwriter Defendants' motion is deferred and renoted](#)
- [0118- 2023-04-28 Declaration in Support with Exhibits](#)
- [0118- 2023-04-28 Preliminary Approval Motion](#)
- [0119- 2023-05-31 Minute Order re First Preliminary Approval Motion](#)
- [0122- 2023-06-30 Joint Status Report and exhibits](#)
- [0123- 2023-09-27 Order Denying First Preliminary Approval Motion](#)
- [0125- 2023-12-15 Plaintiffs Renewed Motion for Preliminary Approval](#)
- [0125- 2023-12-15 Supplemental Decl. with exhibits](#)
- [0128- 2024-02-15 Order Partially Granting Renewed Motion for Preliminary Approval](#)
- [0129- 2024-03-15 Joint Status Report and exhibits](#)
- [0130- 2024-03-29 Minute Order Approving Forms of Notice](#)
- [0131- 2024-04-30 Motion for Attorney Fees and Expenses](#)
- [0132- 2024-04-30 Joint Declaration in Support of Motion for Attorneys' Fees](#)

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File a Claim Online

Athira Pharma Securities Litigation

Step 1 of 6 – Help

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This form allows you to file your claim online securely through our website. If you wish to file a paper claim, please click the following link: [Proof of Claim and Release Form](#). To review any of the documents related to this case, please click the [Important Documents](#) tab above.

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the Settlement.

Before you begin

Please have the following items ready to go before you begin filing your online claim form; it will make the process easier for you.

- You should have copies of your statements for the relevant date ranges so that you can enter your transactions.
- You should have copies of these statements scanned and saved on your computer so that you can upload them as proof. We prefer files in PDF format, but we can accept most file formats.

Step 1 – General Instructions

Please read this important information about the case. It provides important details you should understand before you file your claim.

Step 2 – Claimant Identification

Please enter your current contact information to assist us in identifying your claim and contacting you for additional information and updates. We recommend you turn off auto-fill settings in your browser to ensure incorrect information is not added by mistake. You will receive a confirmation email that we received your claim at the email address you provide. Double check the information before you click next as you will not have the opportunity to review it again prior to submitting.

Step 3 – Schedule of Transactions

Please read the instructions carefully and enter your relevant transactions. You need to ensure that your number of shares in beginning holdings plus purchases/acquisitions minus sales and minus ending holdings equals zero. This is to ensure that all relevant transactions are accounted for. The form will not allow you to continue until all outstanding shares are accounted for.

Step 4 – Documentation

Please drag and drop your files or click select files and choose the files that you will provide as proof of your transactions. Broker statements are usually the best documents to use as proof. Please note that when the file upload completes, the file name will be listed below the upload box. You can click the red x to remove the file if it was added in error.

Step 5 – Certification

Please read the Release. By typing your name and date in these fields, you are signing the document and certifying that everything is true, correct and complete. After you click the submit button, you will receive a confirmation that your claim was submitted. You will also receive a confirmation number; please record this number for future reference.

After submitting your claim

Within a few minutes of submitting your claim, you will receive a confirmation email from us that contains your Form ID along with the information you submitted. If you need to make any amendments to your claim, please reference the Form ID you received.

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Step 2 of 6 – Instructions

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GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled Nacif et al., v. Athira Pharma, Inc. et al., Case No.: 2:21-cv-00861-TSZ (the "Action"), you must complete and, on the Certification page, sign this Proof of Claim Form ("Claim Form"). If you fail to submit a timely Claim Form, your Claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement. The Amended Stipulation and Agreement of Settlement, dated December 15, 2023 (the "Amended Stipulation"), and other documents about the Settlement are available at www.AthiraSecuritiesSettlement.com.¹

2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. YOU MUST MAIL, BY FIRST-CLASS MAIL POSTMARKED (OR BEARING OTHER PROOF OF MAILING) NO LATER THAN SEPTEMBER 6, 2024, OR SUBMIT ONLINE NO LATER THAN SEPTEMBER 6, 2024, YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED BELOW AS FOLLOWS:

Mailed Submissions:
Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Online Submissions:
www.AthiraSecuritiesSettlement.com

If you are NOT a member of the Class, as defined in the accompanying Notice and below, DO NOT submit a Claim Form.

4. NOTICE TO INSTITUTIONAL FILERS: Representatives with authority to file on behalf of (a) accounts of multiple Class Members and/or (b) institutional accounts with large numbers of transactions ("Representative Filers") must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Settlement Administrator at efile@strategicclaims.net or visit their website at www.strategicclaims.net/institutional-filers/ to obtain the required file layout. Claims that are not submitted in electronic spreadsheet format and in accordance with the Settlement Administrator's instructions may be subject to rejection. All Representative Filers MUST also submit a manually signed Claim Form, as well as proof of authority to file, along with the electronic spreadsheet format. Claim Forms should be combined on a legal entity basis, where applicable. Sub-accounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. No Claim Forms submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Settlement Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

5. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their Claims online using the electronic version of the Claim Form hosted at www.AthiraSecuritiesSettlement.com. If you are not acting as a Representative Filer, you do not need to contact the Settlement Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your Claim Form as a Representative Filer, please contact the Settlement Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your Claim Form contains a large number of transactions, the Settlement Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

¹ All capitalized terms used in this Claim Form that are not defined herein have the meanings given to them in the Amended Stipulation.

CLAIMANT IDENTIFICATION

6. You are a member of the Class if you: (a) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from September 17, 2020, through March 16, 2021, inclusive, and were damaged thereby (the "Securities Act Subclass") and/or (b) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from March 17, 2021 through June 17, 2021, inclusive, and were damaged thereby (the "Exchange Act Subclass"). If you purchased or acquired Athira publicly traded common stock and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or acquired Athira publicly traded common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm ("nominee"), you are the beneficial purchaser or acquirer and the third party is the record purchaser or acquirer.

7. Use Part I of this form entitled "Claimant Identification" to identify each beneficial purchaser/acquirer and purchaser/acquirer of record, if different from the beneficial purchaser/acquirer of the Athira shares that form the basis of this Claim. THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE ATHIRA PUBLICLY TRADED COMMON STOCK UPON WHICH THIS CLAIM FORM IS BASED.

8. All joint purchasers or acquirers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees or others acting in a representative capacity on behalf of a Class Member must complete and sign this Claim Form on behalf of persons they represent, and submit evidence of their current authority to act on their behalf, including titles or capacities. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim Form. Failure to provide the foregoing information could delay verification of your Claim Form or result in rejection of the Claim Form.

IDENTIFICATION OF TRANSACTIONS

9. Use Part II of this form entitled "Schedule of Transactions in Athira Publicly Traded Common Stock" to supply all required details of your transaction(s) in Athira publicly traded common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet. THE PARTIES DO NOT OTHERWISE HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN ATHIRA COMMON STOCK.

10. On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions and all of your sales of Athira publicly traded common stock which took place during the time periods requested below, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to all of the shares of Athira publicly traded common stock you held at the close of trading on June 25, 2021 and September 15, 2021. Failure to report all such transactions may result in the rejection of your Claim Form.

11. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

12. The date of covering a "short sale" is deemed to be the date of purchase of Athira publicly traded common stock. The date of a "short sale" is deemed to be the date of sale of Athira publicly traded common stock.

13. For each transaction, copies of broker confirmations or other documentation of your transactions should be attached to your Claim Form. Failure to provide this documentation could delay verification of your Claim Form or result in rejection of your Claim Form.

14. **Dispute Resolution:** The Settlement Administrator will notify Claimants in writing about whether their Claim Forms are rejected in order to give Claimants the chance to remedy any curable deficiencies. If any Claimant whose Claim has been rejected, in whole or in part, desires to contest the rejection, the Claimant must, within 20 days after the date of the notice from the Settlement Administrator, submit a statement explaining the Claimant's grounds for contesting the rejection, and requesting a review by Co-Lead Counsel. Co-Lead Counsel will make a final determination of the Claim dispute, in consultation with the Settlement Administrator.

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Step 3 of 6 – Claimant Information

50%

Claimant Identification

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing.

Beneficial Owner's Name *

(as you would like it to appear on your check if eligible for payment)

Co-Beneficial Owner's Name

Entity Name

(if Claimant is not an individual)

Record Owner Name

(if different from Beneficial Owner(s) listed above)

Representative Name

(if different from Beneficial Owner(s) listed above)

Address *

Address1 (street name and number)

Address2 (apartment, unit or box number)

City

State / Province / Region

United States

ZIP / Postal Code

Country

Account Number

Claimant Account Type

- ☐ Individual (includes joint owner accounts)
- ☐ Pension Plan
- ☐ Trust
- ☐ Corporation
- ☐ Estate
- ☐ IRA/401K
- ☐ Other

Last 4 Digits of Claimant Social Security Number (for individuals)/Taxpayer Identification Number (for estates, trusts, corporations, etc.)

Telephone number (day) *

Telephone number (evening)

Email Address *

(You authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Enter Email

Confirm Email

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Step 4 of 6 – Schedule of Transactions

66%

SCHEDULE OF TRANSACTIONS IN ATHIRA PUBLICLY TRADED COMMON STOCK

Purchases/Acquisitions

Purchases or acquisitions of Athira publicly traded common stock from September 17, 2020, through June 17, 2021, inclusive (must be documented)

Purchase Date MM/DD/YY (List Chronologically)	Number of Shares Purchased	Total Purchase Price (excluding taxes, commissions, and fees, if any)	In an Offering Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> ⊕

IMPORTANT: If any purchase listed covered a “short sale,” please mark Yes.☐ Yes

Purchases during the 90-Day Lookback Period *

State the total number of shares of Athira publicly traded common stock purchased from June 18, 2021, through September 15, 2021 (must be documented)

Information requested in this Claim Form with respect to your transactions from June 18, 2021, through September 15, 2021 is needed only in order for the Settlement Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period.

Sales

Sales of Athira publicly traded common stock from September 17, 2020 through September 15, 2021, inclusive (must be documented)

Sale Date MM/DD/YY (List Chronologically)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees, if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0 ⊕

Number of shares of Athira publicly traded common stock held at the close of trading on June 25, 2021 (must be documented) *

Number of shares of Athira publicly traded common stock held at the close of trading on September 15, 2021 (must be documented) *

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Step 5 of 6 – Documentation

83%

Documentation

Drop files here or

Select files

Max. file size: 80 MB.

Please attach your proof in PDF format. If you have a large number of files, please consider uploading a ZIP file. The total maximum file size limit is 32MB.

Confirmation *

☐ I have reviewed all of my answers to the fields on this form and confirm that everything is accurate to the best of my abilities.

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Step 6 of 6 – Certification

100%

CERTIFICATION

I (We) hereby state and represent that I am (we are) a member of the Class as defined in the Notice, and that I am (we are) not excluded from the Class as set forth in the Notice.

I (We) hereby state and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Plaintiffs' Claim (as defined in the accompanying Notice).

I (We) hereby state and represent that I (we) have included information about all of my (our) purchases and sales of Athira publicly traded common stock that occurred during the time periods requested and the number of shares held by me (us), to the extent requested.

I (We) certify that I am (we are) NOT subject to backup tax withholding.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Signature of Claimant *

Please type the name of the Claimant. If this claim is being made on behalf of Joint Claimants, then each must sign.

Signature of Joint Claimant

Please type the name of the Joint Claimant.

Capacity of person(s) signing

(e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

Date *

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Submit

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File a Claim Online

Thank you for submitting your claim in the Athira Pharma Securities Litigation. You will receive a copy via email that will serve as confirmation that your form has been received.

- Your unique form id is **611df**. If you need to amend anything on your form, please reference this ID when you contact us to assist us in confirming your identity. *Please do not file another claim.*
- If you move or change your address, telephone number or email address, please send the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. *Please do not file another claim.* NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or to deliver payment to you.

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Nominees

If you are a broker or other nominee who purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive (the "Class Period") for the beneficial interest of persons or entities other than yourself, **THEN WITHIN SEVEN (7) CALENDAR DAYS OF YOUR RECEIPT OF THE NOTICE**, you must either:

1. If you have no beneficial purchasers/owners, please advise the Claims Administrator in writing; or
2. Provide the Claims Administrator with names and last known addresses of your beneficial purchasers/owners and the Claims Administrator will do the mailing of the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Final Approval Hearing; and (III) Motion for an Award of Attorneys' Fees and Payment of Litigation Expenses ("Notice"), Proof of Claim Form ("Claim Form"), and Request to Be Excluded from the Class ("Exclusion Form", and with the Notice and Claim Form, "Notice Packet"). Please provide this information electronically. If you are not able to do this, labels will be accepted, but it is important that a hardcopy list of your clients also be submitted; or
3. Advise the Claims Administrator of how many beneficial purchasers/owners you have, and the Claims Administrator will supply you with ample Notice Packets; you must mail the Notice Packets within seven (7) calendar days of receipt. **YOU ARE NOT AUTHORIZED TO EMAIL IN LIEU OF MAILING.**

If you are providing a list of names and last known addresses to the Claims Administrator:

1. Compile a list of names and last known addresses of the beneficial purchasers/owners that purchased or otherwise acquired Athira Pharma, Inc. common stock from September 17, 2020 through June 17, 2021, inclusive.
2. Prepare the list in Microsoft Excel format.
3. Then you must do one of the following:
 1. Email the spreadsheet to info@strategicclaims.net; or
 2. Burn the Microsoft Excel file(s) to a CD or DVD and mail the CD or DVD to:
Athira Pharma Securities Litigation
c/o Strategic Claims Services
600 N. Jackson Street, Suite 205
Media, PA 19063

If you are mailing the Notice Packet to beneficial purchasers/owners:

If you elect to mail the Notice Packet to beneficial purchasers/owners yourself, additional copies of the Notice Packet may be requested via email to info@strategicclaims.net. **You must also send a statement to the Claims Administrator at the address above confirming that the mailing was made, and you must retain your mailing records for use in connection with any further notices that may be provided in the Action.** Failure to timely forward the Notice Packet to beneficial purchasers/owners may affect their legal rights.

If you have any questions, contact the Claims Administrator at info@strategicclaims.net or by calling 1-866-274-4004.

Expense Reimbursement:

You are entitled to reimbursement for your reasonable expenses actually incurred in complying with the foregoing and **not to exceed** \$0.05 per name and address if you are providing the Claims Administrator the records; or \$0.05 per Notice Packet mailed by you, plus postage at the current pre-sort rate used by the Claims Administrator, if requesting Notice Packets to perform the mailing yourself.

If you are filing electronic claims:

A nominee may also submit a Claim Form on behalf of multiple clients who are beneficial purchasers/owners. The electronic spreadsheet to be filed along with a completed Claim Form, Proof of Authority to file, a cover letter listing the number of accounts and number of transactions on your spreadsheet, and the list of beneficial owners of all accounts (include social security number/taxpayer identification number) can be found [here](#). Please contact the Claims Administrator if you have any questions regarding the electronic filing process at 1-866-274-4004 or at efile@strategicclaims.net.

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If you have any questions about the settlement or the notice you received about the *Athira Pharma Securities Litigation* you may contact the Claims Administrator's office via:

Contact Form

First and Last Name *

Email *

Enter Email

Confirm Email

Phone *

Mail ID

can be found on the notice you received

Reason for Contact *

Submit

Phone

866-274-4004

Email

info@strategicclaims.net

Mail

Athira Pharma Securities Litigation
 c/o Strategic Claims Services
 P.O. Box 230
 600 N. Jackson Street, Suite 205
 Media, PA 19063

Fax

610-565-7985